

- 47 Middlesex MACC
- 48 Middlesex MACC
- 51 Middlesex MACC—Menlo Park Veterans Home
- 51 Middlesex MACC—Vineland Veterans Home
- 90 MACC in county in which beneficiary resides.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Substituted "beneficiary" for "recipient" or "resident" throughout; in (a)3 and (b), substituted "Medicaid Eligibility Identification Number" for "HSP (Medicaid) Case Number"; in (b), inserted references to beneficiaries, amended MDO references, and inserted the two 51—Middlesex references.

Recodified from N.J.A.C. 10:49-2.15 by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Former N.J.A.C. 10:49-2.16, Medicaid application, recodified to N.J.A.C. 10:49-2.17.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

10:49-2.17 Medicaid application

(a) If a person has not applied for benefits, is unable to pay for services provided, and appears to meet the requirements for eligibility for the New Jersey Medicaid program, the provider shall encourage the person, or his or her representative, to apply for benefits:

1. To the CBOSS for programs such as AFDC-Related Medicaid; Medicaid Only; New Jersey Care . . . Special Medicaid programs for pregnant women, children, and the aged, blind, or disabled; or for Medically Needy.
2. To the Social Security Administration for Supplemental Security Income benefits for the aged, blind, and disabled; or
3. In certain cases, to the New Jersey Division of Youth and Family Services, Department of Human Services.

(b) If it is not known which agency is responsible for determining eligibility or which program might be applicable, the MACC will be able to provide guidance in this matter (for MACC Directory, see Appendix N.J.A.C. 10:49).

(c) All providers are encouraged to refer pregnant women who may be eligible for Medicaid to a provider authorized to determine presumptive eligibility. The names and addresses of these providers may be obtained by calling the HOT LINE at 1-800-328-3838.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Recodified from N.J.A.C. 10:49-2.16 by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

10:49-2.18 (Reserved)

10:49-2.19 Medicaid or NJ FamilyCare eligibility—aliens

For any alien who does not qualify for Medicaid or NJ FamilyCare-Plan A based on his or her alien status, and thus is potentially eligible for Medicaid or NJ FamilyCare-Plan A payment for emergency services only (see N.J.A.C. 10:49-5.4, Medicaid or NJ FamilyCare-Plan A Emergency Services for Aliens) the provider of service shall complete a Form PA-1C and submit it with Certification of Treatment of Emergency Medical Condition (if necessary) to the eligibility determination agency in the county in which the individual lives. The provider shall inform the individual that a Form PA-1C does not establish Medicaid eligibility or NJ FamilyCare-Plan A eligibility but serves only to protect the date of inquiry as an application date for Medicaid, or NJ FamilyCare-Plan A if an application is filed within three months of the date that the Form PA-1C is signed. The individual should be advised to file an application with the eligibility determination agency as soon as possible.

New Rule, R.1998 d.116, effective January 30, 1998 (operative February 1, 1998).

See: 30 N.J.R. 713(a).

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

SUBCHAPTER 3. PROVIDER PARTICIPATION

10:49-3.1 Provider types eligible to participate

(a) The following provider types shall be eligible to participate as Medicaid/NJ FamilyCare-Plan A providers:

1. Case managers;
2. Certified nurse practitioners/clinical nurse specialists;
3. Chiropractors and/or chiropractic groups;
4. Clinics (independent outpatient health care facilities);
5. Clinical laboratories;
6. Dentists and/or dentist groups;
7. Hearing aid dealers;
8. Health maintenance organizations/managed care organizations;
9. Home health agencies;

10. Homemaker agencies;
11. Hospices;
12. Hospitals;
 - i. General;
 - ii. Psychiatric; and
 - iii. Special;
13. Local health departments;
14. Nursing facilities, including intermediate care facilities for the mentally retarded;
15. Medical suppliers;
16. Mental health rehabilitation providers:
 - i. Residential child care facilities (see N.J.A.C. 10:77 and 10:127);
 - ii. Children's group homes (see N.J.A.C. 10:77 and 10:128);
 - iii. Psychiatric community residences for youth (see N.J.A.C. 10:37B and 10:77);
 - iv. Providers of behavioral assistance services for children/youth or young adults (see N.J.A.C. 10:77-4);
 - v. Mobile response agencies (see N.J.A.C. 10:77-6);
 - vi. Providers of intensive in-community mental health rehabilitation services (see N.J.A.C. 10:77-5);
 - vii. Programs for Assertive Community Treatment (PACT) Agencies/Teams (see N.J.A.C. 10:37J and 10:76); and
 - viii. Community residences for mentally ill adults (see N.J.A.C. 10:37A and 10:77A).
17. Medical day care centers;
18. Nurse-midwives;
19. Opticians;
20. Optometrists;
21. Orthotists;
22. Pharmacies;
23. Physicians and/or physician groups;
24. Podiatrists and/or podiatric groups;
25. Prosthetists;
26. Psychologists and/or psychologist groups;
27. Residential treatment facilities;
28. Transportation providers; and
29. State and county agencies that have agreed to provide personal care assistant services.

(b) In order for professional practices to be eligible to participate in the Medicaid and NJ FamilyCare programs as specific provider entities, such practices shall comply with all applicable State licensing statutes and rules governing their ownership and direction.

Amended by R.1997 d.354, effective September 2, 1997.
See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Inserted new (a)1; recodified former (a)1 through 25 as (a)2 through 26; in (a)7, inserted reference to managed care organizations.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

In (a), inserted a reference to NJ KidCare—Plan A in the introductory paragraph.

Amended by R.1998 d.143, effective March 16, 1998.

See: 29 N.J.R. 543(a), 30 N.J.R. 1081(a).

In (a), inserted a new 12, and recodified former 12 through 26 as 13 through 27.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Amended by R.2000 d.309, effective August 7, 2000.

See: 32 N.J.R. 1342(a), 32 N.J.R. 2900(a).

In (a), inserted a new 1, and recodified former 1 through 27 as 2 through 28.

Amended by R.2001 d.144, effective May 7, 2001.

See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

Inserted new (a)16 and recodified former (a)16 through 28 as new (a)17 through 29.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Added (b).

Amended by R.2003 d.89, effective March 3, 2003.

See: 34 N.J.R. 1593(a), 35 N.J.R. 1281(a).

Rewrote (a)16.

Amended by R.2003 d.479, effective December 15, 2003.

See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

In (a)16, inserted a new iv and recodified former iv as new v.

Amended by R.2004 d.8, effective January 5, 2004.

See: 35 N.J.R. 2620(a), 35 N.J.R. 4204(a), 36 N.J.R. 189(a).

In (a)16, added vi.

Amended by R.2005 d.68, effective February 22, 2005.

See: 36 N.J.R. 379(a), 37 N.J.R. 659(a).

In (a), added 16v, recodified existing v to vi as vi to vii.

Amended by R.2005 d.98, effective April 4, 2005.

See: 36 N.J.R. 1158(a), 37 N.J.R. 1022(a).

In (a), added a new vi, recodified existing vi, vii as vii, viii in 16.

Cross References

Regional Perinatal Centers and Community Perinatal Centers, providing services in accordance with this section, see N.J.A.C. 8:33C-4.2.

Case Management Program/Mental Health, providing services in accordance with this section, see N.J.A.C. 10:73-2.4.

10:49-3.2 Enrollment process

(a) Providers shall complete a Provider Application and sign a Provider Agreement (see Appendix, N.J.A.C. 10:49) or a specialized agreement, and submit such other information or documentation, including, but not limited to, social security number and date of birth, as the program may require, depending on the nature of the services provided.

1. Policies and rules pertaining to shared health care facilities are outlined in N.J.A.C. 10:49-4.

2. All practitioners participating in a group practice shall personally sign both the group application and the provider agreement if individual documents, or shall sign a single signature sheet if both documents are contained in a single packet.

(b) All providers shall be required to complete Form HCFA-1513, Ownership and Control Interest Disclosure Statement (see Appendix, Form #10) at the time of applica-

tion or reapplication. In addition, at the time of application or reapplication, all professional practices must certify that they comply with all applicable State licensing statutes and rules governing their ownership and direction (see Appendix, Form #12). Providers prior to 1973 were not required to utilize provider agreement forms; however, they shall comply with all applicable State and Federal Title XIX and Title XXI laws, policies, rules and regulations.

1. As a condition of continued participation in the New Jersey Medicaid and NJ FamilyCare programs, a provider may, from time to time, be required to:

- i. Complete a provider reenrollment application form and sign a provider participation agreement; and/or
- ii. Complete a Form HCFA 1513, Ownership and Control Interest Disclosure Statement.

2. The New Jersey Medicaid program or NJ FamilyCare program shall terminate any existing agreement or contract if the provider fails to disclose information required by (b)1iii above.

3. Enrollment documentation requested by the New Jersey Medicaid or NJ FamilyCare program shall be furnished within 35 calendar days of the date of the written request.

(c) An out-of-State provider shall have a current, approved provider agreement with the New Jersey Medicaid or NJ FamilyCare program and hold a current, valid certification and/or license from the appropriate agency under the laws of the respective state in which the provider is located.

(d) A provider application may be requested from the fiscal agent of the New Jersey Medicaid and NJ FamilyCare program. An appropriate program enrollment package will be mailed to the requesting provider. The enrollment application must be completed in full and returned to the fiscal agent, along with all the necessary attachments.

1. The applicant's eligibility to participate in the New Jersey Medicaid and NJ FamilyCare program will be confirmed in writing. A provider number will be assigned and returned to the applicant along with the appropriate program Provider Manual.

2. If the application is denied, the applicant will receive a notification which explains the decision to deny and the applicant's right to appeal the decision (see N.J.A.C. 10:49-10).

(e) If a provider is found to be currently enrolled, but has been inactive for at least two (2) years, the applicant will be required to complete a new application. If the application is approved, the provider's existing record on the Provider Master File will be reactivated.

(f) The New Jersey Medicaid program or NJ FamilyCare program may refuse to enter into or to renew a provider participation agreement with any applicant or provider who has been suspended, debarred, disqualified, or excluded by the Title XIX or Title XXI program of another state. The program may terminate any existing agreement with a provider, if good cause for exclusion of the provider from program participation exists under any of the provisions of N.J.A.C. 10:49-11.1(d)1 through 27.

(g) The New Jersey Medicaid program or NJ FamilyCare program shall not enter into a provider participation agreement with an applicant who has been suspended or excluded from participation in the delivery of medical care or services under Medicare (Title XVIII), Medicaid (Title XIX), or the Social Services Block Grant Act (Title XX) of the Federal Social Security Act, by the Secretary of the United States Department of Health and Human Services.

(h) The Division may place a moratorium on the enrollment of new providers for particular provider types and/or in particular geographic areas if it determines that beneficiary access to services would not be adversely affected, and:

1. That the number of providers already enrolled is sufficient to adequately serve beneficiaries;
2. That a moratorium is necessary in order to address fraud and/or abuse; or
3. That other compelling reasons warrant a moratorium.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

In (b)1i, inserted "reenrollment"; and in (f) and (g), substituted "New Jersey Medicaid program" for "Division".

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare and made corresponding language changes throughout; and in (b) and (f), substituted references to Title XIX and Title XXI for references to Medicaid.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Rewrote the section.

Cross References

Eye care providers, fulfillment of enrollment process as under this section, see N.J.A.C. 10:62-2.3.

10:49-3.3 Providers with multi-locations

(a) All providers participating in the Medicaid or NJ FamilyCare program shall identify all locations from which they are providing services to Medicaid or NJ FamilyCare beneficiaries.

(b) Each location shall comply with provider participation requirements and shall be assigned a separate provider number. Services rendered to Medicaid or NJ FamilyCare beneficiaries at a location not approved for participation are not eligible for Medicaid or NJ FamilyCare reimbursement.

(c) Billing through a central location for approved multi-location providers shall be allowed; however, providers shall utilize the applicable provider number for each service location. Selection of central or localized billing shall be left to providers, who shall state their preference on the application. The program reserves the right to assign unique provider numbers to maintain the accountability and integrity

of the New Jersey Medicaid Management Information System (NJMMIS) and the New Jersey Medicaid or NJ Family-Care program.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Rewrote (a) and (b); and substantially amended (c).

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare throughout, and made a corresponding language change.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

10:49-3.4 Medicaid or NJ FamilyCare provider billing number

(a) A seven digit Provider Billing Number shall be assigned by the fiscal agent to all providers approved for participation. The Provider Billing Number shall be entered upon all claims submitted in accordance with the instructions in the Fiscal Agent Billing Supplement. The Provider Billing Number should also be referenced in all written and telephone inquiries.

(b) Practitioners, as defined in (c)1 below, approved for participation, shall also be assigned a seven digit Provider Servicing Number by the Program fiscal agent. The Provider Servicing Number is an identification number which shall be entered upon all claim submittals in accordance with the instructions in the Fiscal Agent Billing Supplement.

(c) Providers who, for billing purposes, need a referring, ordering or prescribing practitioner's individual Provider Servicing Number, shall contact that practitioner or the fiscal agent, or shall access the Provider Servicing Number Directory, to obtain the number. A practitioner who does not participate in the Medicaid or NJ FamilyCare program will not have a Provider Servicing Number. In the absence of the referring, ordering or prescribing practitioner's individual Provider Servicing Number, providers must enter seven fives (5's) for non-participating out-of-State providers or seven sixes (6's) for non-participating in-State providers to indicate non-participation in the New Jersey Medicaid or NJ FamilyCare program. Providers may contact the Medicaid/NJ FamilyCare Fiscal Agent for a copy of the participating provider directory. In addition, providers may obtain servicing and prescribing numbers at www.njmmis.com.

1. Each participating practitioner (that is, physician, certified nurse midwife, advanced practice nurse, chiropractor, dentist, optometrist, podiatrist, or psychologist) shall supply his or her individual Provider Servicing Number to other providers when referring a Medicaid or NJ FamilyCare beneficiary for services, or ordering or prescribing on his behalf.

(d) A shared health care facility (SHCF) (see N.J.A.C. 10:49-4.1) is assigned a registration code (Shared Health Care Facility Number), which must appear on a claim form submitted to the fiscal agent by every member of the SHCF. In addition, each practitioner rendering a service in a shared health care facility must indicate his or her Provider Billing Number and individual Provider Servicing Number on the claim form (see Fiscal Agent Billing Supplement following the second chapter of each Provider Services Manual).

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Rewrote (a) and (b); and in (c)1, inserted reference to certified nurse practitioner/clinical nurse specialist.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare and made corresponding language changes throughout.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Rewrote (c).

Amended by R.2004 d.334, effective September 7, 2004.

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

In (c), substituted "advanced practice nurse" for "certified nurse practitioner/clinical nurse specialist" in 1.

SUBCHAPTER 4. PROVIDERS' ROLE IN A SHARED HEALTH CARE FACILITY

10:49-4.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Discipline" means a branch of instruction or learning, such as medicine, dentistry, chiropractic, and so forth.

"Patient" means anyone eligible to receive benefits from the program.

"Purveyor" means any person, firm, corporation or other entity other than a provider who, whether or not located in a building which houses a shared health care facility, directly or indirectly, engages in the business of supplying to ultimate users or providers within the shared health care facility any medical supplies, equipment and/or services for which reimbursement under the program is received, including, but not limited to, clinical laboratory services or supplies; diagnostic radiology services; sick room supplies; physical therapy services or equipment; orthopedic or surgical appliances or supplies; drugs, medication or medical supplies; eyeglasses, lenses or other optical supplies or equipment; hearing aids or devices; and any other goods, services, supplies, equipment or procedures prescribed, ordered, recommended or suggested for medical diagnosis, care or treatment, and which amount to \$10,000 per year.

“Shared health care facility” (SHCF) means four or more providers, two or more of whom are practicing within different specialties and/or disciplines, either independently or in association with each other, within a single structure; and

1. Two or more of whom share any of the following:

- i. Common waiting areas;
- ii. Examining rooms;
- iii. Treatment rooms;
- iv. Equipment;
- v. Supporting staff;

9. Managed care services;
10. Maternity services, including prenatal, delivery and postpartum services (through two months), provided by any type provider, including, but not limited to, physicians, certified nurse specialists/clinical nurse practitioners, certified nurse-midwives and clinics;
11. Nursing facility per diems;
12. Medical day care services;
13. Methadone maintenance services, identified by HCPCS Z2006, as set forth at N.J.A.C. 10:66-6.3(m);
14. Physician, clinical laboratory, or other professional medical services provided while a WFNJ/GA eligible individual is a patient in a hospital, including an acute care hospital, special hospital, rehabilitation hospital, non-religious medical institution, ICF/MR, an inpatient psychiatric hospital, an inpatient psychiatric program for children under the age of 21 (residential treatment centers) or services provided to a WFNJ/GA eligible individual while in an outpatient hospital department or a hospital emergency room;

15. Professional services rendered to beneficiaries residing in a residential treatment facility for drug or alcohol abuse;

16. Services provided under a home and community based services waiver under section 1915(c) of the Social Security Act, 42 U.S.C. § 1396;

17. Services that would otherwise be covered under other health insurance coverage, including services that should have been, but were not, provided by an HMO that the WFNJ/GA eligible individual is enrolled in; and

18. Transportation services provided under contract with a vendor or through a contract with the county board of social services.

10:49-24.5 Basis for reimbursement

Except as noted under N.J.A.C. 10:49-24.3(a)16ii, payment for services shall be based upon the Medicaid reimbursement methodology for the respective service. (See specific provider chapter(s) for reimbursement methodology and requirements.)

APPENDIX

- Medicaid Eligibility Identification Card (FD-73/178) Form #1
- Medically Needy Claim Transmittal (FD-311) Form #2
- Public Assistance Inquiry (PA-1C) Form #3
- Certification of Presumptive Eligibility (FD-334) Form #4
- Application for Payment of Unpaid Medical Bills (FD-74) Form #5
- Department of Human Services Medicaid ID (FD-152) Form #6

- Validation of Eligibility (FD-34) Form #7
- Provider Application (FD-20) Form #8
- Provider Agreement (FD-62) Form #9
- Disclosure of Ownership and Control Interest Statement (HCFA-1513) Form #10
- Patient Certification Form (FD-197) Form #11
- Notice to Providers Form #12
- Medical Assistance Customer Centers Directory Form #14
- New Jersey County Boards of Social Services Form #15


MEDICAID ELIGIBILITY IDENTIFICATION CARD 1939902

STATE OF NEW JERSEY
DEPARTMENT OF
HUMAN SERVICES
DIVISION OF
MEDICAL ASSISTANCE
AND
HEALTH SERVICES

ADDITIONAL HEALTH INSURANCE* HSP (MEDICAID) CASE NO. PERSON NO.

VALID FROM TO

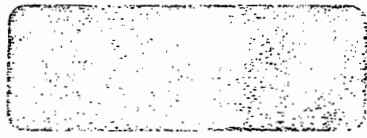
SOC. SEC. ACCT. NO. DATE OF BIRTH



USE THIS CARD WHEN YOU NEED MEDICAL SERVICES

RECIPIENT'S SIGNATURE

FD-73/178 (REV. 3/91)



Form #1

IMPORTANT NOTICE

You must sign the front of this card on the line above the Recipient's Signature. If you are unable to sign the card, the individual representing you must sign your name, initial the card and explain his/her relationship to you.

Immediately notify the Medicaid District Office or the Division of Youth and Family Services case manager or the County Welfare Agency (as appropriate):

1. if you have Medicare coverage or other health insurance not listed or incorrectly listed; or
2. if any changes are necessary to the front of this card; or
3. if you have any questions regarding the use of this card; or
4. if this card is lost or stolen. (Unless the report of the loss or theft can be documented at the appropriate agency, you may be liable to repay Medicaid for any benefits obtained through its unauthorized use).

FEDERAL and STATE LAW make it a crime and set the punishment for persons who have been found guilty of making any false statement or representation of a material fact to receive any benefit or payment under the Medicaid Program. The Department of Human Services is required to make you aware of this law and to warn you against making any false statement in an application or in a fact used in determining the right to a benefit, or converting a benefit to the use of any person other than one for whom it was intended.

THIS CARD IS NON-TRANSFERABLE UNDER PENALTY OF LAW.

NOTICE TO PROVIDERS

The printed name which appears directly above the line for Recipient's Signature on this card is the MEDICAID eligible person. This name identifies that person ONLY (except AFDC can include spouse/child(ren) listed with PERSON NUMBERS) as being eligible for MEDICAID benefits within the time period shown. If the name of a "REPRESENTATIVE PAYEE" appears on this card, that individual is not eligible for Medicaid benefits.

* Ask the cardholder if there is Medicare coverage or other health insurance not listed. Please indicate this information in the appropriate area on the claim form. Prior to billing Medicaid you are to bill other third party payers in accordance with N.J.A.C. 10-49.



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

NEW JERSEY HEALTH SERVICES PROGRAM
TITLE XIX (MEDICAID)

PROVIDER AGREEMENT
BETWEEN
NEW JERSEY DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
AND

PROVIDER

PROVIDER AGREES:

1. To comply with all applicable State and Federal Medicaid laws and policy, and rules and regulations promulgated pursuant thereto;
2. To keep such records as are necessary to fully disclose the extent of services provided to individuals receiving assistance under the Medicaid Program;
3. To furnish the Division of Medical Assistance and Health Services, the Secretary of Health and Human Services and the Medicaid Fraud Section, Division of Criminal Justice with such information as may be requested from time to time, regarding any payments claimed for providing services under the Medicaid Program;
4. To comply with the requirements of Title VI of the Civil Rights Acts of 1964 and Section 504 of the Rehabilitation Act of 1973 and any amendments thereto; and Section 1909 of P.L. 92-603, Section 242 (c) which makes it a crime and sets the punishment for persons who have been found guilty of making any false statement or representation of a material fact in order to receive any benefit or payment under the Medical Assistance Program. (The Department of Human Services is required by Federal regulation to make this law known and to warn against false statements in an application/agreement or in a fact used in determining the right to a benefit, or converting a benefit to the use of any person other than one for whom it was intended).
5. To comply with the disclosure requirements specified in 42 CFR 455.100 through 42 CFR 455.106.

The provider may, on thirty days written notice to the Division, terminate this Agreement.

DATE

SIGNATURE OF PROVIDER

TITLE

FD-62 (rev. 6/86)

Medicaid 3031-M Ed. 6/86

Form #9

Department of Health and Human Services
Health Care Financing Administration

Form Approved
OMB No. 0938-0086

IV (a) Has there been a change in ownership or control within the last year?
If yes, give date Yes No LB8

(b) Do you anticipate any change of ownership or control within the year?
If yes, when? Yes No LB9

(c) Do you anticipate filing for bankruptcy within the year?
If yes, when? Yes No LB10

V Is this facility operated by a management company, or leased in whole or part by another organization?
If yes, give date of change in operations Yes No LB11

VI Has there been a change in Administrator, Director of Nursing or Medical Director within the last year?
 Yes No LB12

VII (a) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN)
Name EIN # Yes No LB13

Address

LB14

VII (b) If the answer to Question VII a is No, was the facility ever affiliated with a chain?
(If YES, list Name, Address of Corporation and EIN)
Name EIN # Yes No LB18

Address

LB19

VIII Have you increased your bed capacity by 10% or more or by 10 beds, whichever is greater, within the last 2 years?
If yes, give year of change Yes No LB15

Current beds LB16 Prior beds LB17

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR THE SECRETARY, AS APPROPRIATE.

Name of Authorized Representative (Typed) Title

Signature Date

Remarks

Form HCFA-1513

PATIENT CERTIFICATION FORM

PATIENT'S NAME _____
HIC NO. _____ HSP NO. _____

MEDICARE PATIENT'S AUTHORIZATION

I authorize any holder of medical or other information about me to release to the Social Security Administration, or the Health Care Financing Administration or its intermediaries or carriers, any information needed for this or a related claim. I certify that the service(s) covered by this claim has been received and request payment in accordance with Program Policy either to Dr. _____ or myself if the doctor does not accept assignment.

MEDICAID PAYMENTS

Authorization to Release Information and Payment Request. I certify that the service(s) covered by this claim has been received and request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the State Agency or its authorized Agents any information needed for this or a related claim.

Table with 4 columns: Patient or Authorized Representative's Signature, Date of Service, Control Number, Other Comments. Multiple empty rows for data entry.

THIS FORM TO BE RETAINED IN PROVIDER'S OFFICE
THIS FORM HAS BEEN APPROVED BY
THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES,
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
FOR USE IN THE MEDICAID PROGRAM

7-445-M Ed. 7/82
Form #11

FD-197-N.J. (rev. 7/82)

Notice to All Applicants and Providers

Please note that the ownership and direction of a professional practice must be in compliance with all applicable State statutes and regulations governing licensure.

Any individual or entity found by staff of the Division of Medical Assistance and Health Services to be in violation any State statute or regulation governing the ownership and direction of a professional practice will be subject to appropriate sanctions contained in the statutes and regulations governing the programs administered by the Division of Medical Assistance and Health Services, including exclusion from the New Jersey Medicaid and NJ KidCare programs. In addition, such violations will be referred to the appropriate professional board or other licensure authority.

To be completed by owner, managing partner or chief executive officer:

I hereby certify that _____ (name of entity applying for program participation) is in compliance with State statutes and regulations governing the ownership and direction of a professional practice.

Date _____ Print or type name and title _____
Signature _____

Form #12

MEDICAL ASSISTANCE CUSTOMER CENTER (MACC)

MACC OFFICE
(03) BURLINGTON

DIRECTOR & PHONE #
Nancy Weber, Director

ADDRESS
Mt. Laurel Corporate Park